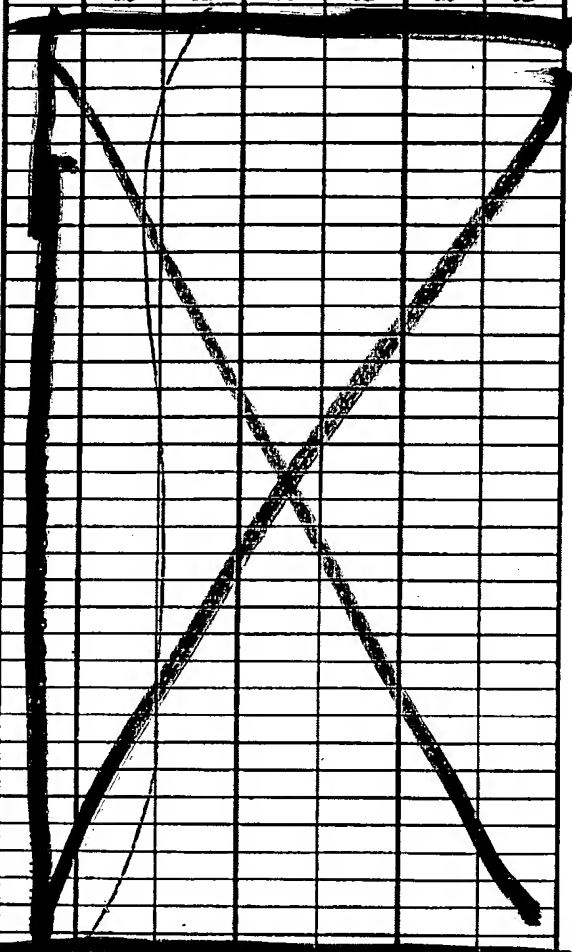



**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10672104**  
APPLICANT(S)

FILED DATE  
**09-26-03**

**CLAIMS**

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
					
35					
37					
38					
39					
40					
41					
42					
					
47					
48					
49					
50					
TOTAL IND.	1				
TOTAL DEP.	10				
TOTAL CLAIMS	11				

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					